

	A	B	C	D	E	F	G	H
1	ATTACHMENT P - Claims Processing Report Format							
2								
3	Quarterly Claims							
4								
5	Column Labels							
6	Row Labels	DI	EA	IH	OS	OV	XR	Grand Total
7	Caledonia	SAMPLE						
8	Chittenden							
9	Dale							
10	Marble Valley							
11	Northeast							
12	Northern							
13	Northwest							
14	Southeast							
15	Southern							
16	Grand Total							
17								
18	Accurals	(6,288.95)			28,408.92	10,769.09	18,193.43	51,082.49
19								
20	Total Quarter 3	(6,288.95)		0.00	28,408.92	10,769.09	18,193.43	51,082.49
21								

<u>Contract Code</u>	<u>Contract Name</u>	<u>Site Code</u>	<u>Site Name</u>	<u>Inmate #</u>	<u>Inmate Name</u>	<u>Med</u> <u>Class</u>	<u>Med Class</u> <u>Desc.</u>	<u>Auth #</u>	<u>Claim Number</u>	<u>Billed</u> <u>Charges</u>	<u>Payment Amount</u>	<u>CCN</u> <u>Fees</u>
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SAMPLE

<u>Total</u> <u>Paid</u>	<u>Received Date</u>	<u>Paid Date</u>	<u>Check Numb</u>	<u>Delin</u> <u>Sub</u>	<u>Clear Date</u>	<u>Posted Date</u>	<u>Service From</u>	<u>Service</u> <u>To</u>	<u>Provider Number</u>	<u>Provider Name</u>	<u>Resp Code</u>	<u>Warn Code</u>
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Contract Code	Contract Name	Site Code	Site Name	Inmate #	Inmate Name	Med Class	Med Class Desc.	Auth #	Claim Number	Billed Charges	Payment Amount	CBA-B fees	Total Paid	Received Date
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SAMPLE

Paid Date	Check Numb	Delin Sub	Clear Date	Posted Date	Service From	Service To	Provider Number	Provider Name	Resp Code	Warn Code
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Contract Code	Contract Name	Site Code	Site Name	Inmate #	Inmate Name	Med Class	Med Class Desc.	Auth #	Claim Number	Billed Charges	Payment Amount	CCN Fees	Total Paid	Received Date
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SAMPLE

CCN Fees Total Paid Received Date Paid Date Check Numb Delin Sub Clear Date Posted Date Service From Service To Provider Number Provider Name Resp Code Warn Code

SAMPLE

Contract Code Contract Name Site Code Site Name Inmate # Inmate Name Med Class Med Class Desc. Auth # Claim Number Billed Charges Payment Amount CCN Fees

SAMPLE

<u>Total Paid</u>	<u>Received Date</u>	<u>Paid Date</u>	<u>Check Numb</u>	<u>Delin Sub</u>	<u>Clear Date</u>	<u>Posted Date</u>	<u>Service From</u>	<u>Service To</u>	<u>Provider Number</u>	<u>Provider Name</u>	<u>Resp Code</u>	<u>Warn Code</u>
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